

**APPENDIX A:**  
**Publications Cited By Plaintiffs Fail To Create a Material Issue of Fact Sufficient to Overcome Summary Judgement**

<b>Title and Author</b>	<b>Published Before Limitation Period?</b>	<b>Third-Party Publication?</b>	<b>Any Evidence of Control Over Third-Party or Publication?</b>	<b>Any Evidence of Ohio Prescriber Receiving Material?</b>	<b>Any Evidence of Ohio Prescriber Relying On Alleged False Statement in Material?</b>	<b>Examples of Risk Disclosure Information in Publication that Affirmatively Contradict Plaintiffs' Unsubstantiated Allegations of Fraud</b>
<i>Treatment Options: A Guide for People Living with Pain</i> , American Pain Foundation (2007)	Yes (2007)	Yes	No	No	No	<p>“People with the disease of addiction may abuse their medications, engaging in unacceptable behaviors like increasing the dose without permission or obtaining the opioid from multiple sources, among other things. Opioids get into the hands of drug dealers and persons with an addictive disease as a result of pharmacy theft, forged prescriptions, Internet sales, and even from other people with pain. It is a problem in our society that needs to be addressed through many different approaches. Some people who are not substance abusers engage in these types of behavior. Even if this results in part from a desperate desire to obtain pain relief, it is unacceptable and your healthcare provider must intervene to stop the behavior . . . your provider may establish very clear guidelines to ensure that you take the opioid as prescribed.” (Opp. Ex. 60 at 14–15.)</p> <p>“NEVER crush, chew or take these long-acting [opioids] differently than prescribed. These changes can destroy the time-release feature and cause an overdose.” (<i>Id.</i> at 13.)</p>
<i>Exit Wounds: A Survival Guide to Pain Management for Returning</i>	Yes (2009)	Yes	No	No	No	<p>“Opioid medications can, however, be abused or used as recreational drugs, and some people who use these drugs this way <i>will</i> be addicted.” (Derek McGinnis, <i>Exit</i></p>

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<i>Veterans and Their Families</i> , American Pain Foundation (2009)						<p><i>Wounds: A Survival Guide to Pain Management for Returning Veterans and Their Families</i> at 108–109.)</p> <p>“The bottom line with opioids is that these are very valuable pain relievers when used correctly and responsibly[.]” (<i>Id.</i> at 112.)</p>
<p><i>Special Report: An Integrated Risk Evaluation and Mitigation Strategy for Fentanyl Buccal Tablet (FENTORA) and Oral Transmucosal Fentanyl Citrate (ACTIQ)</i>, Randy J. Bradway, Bill Campbell, Dr. Claire Jurkowski, Dr. Robert Kaper, and James Ottinger (2011)</p>	Yes (2011)	No	N/A	No	No	<p>“[T]he potential risks for misuse, abuse, addiction, and overdose must be considered when prescribing opioid medications.” (Opp. Ex. 102 at 1.)</p> <p>“TIRF products such as fentanyl buccal tablet and OTFC have been associated with potential risks for misuse, abuse, addiction, and overdose.” (<i>Id.</i>)</p> <p>“[Opioid] medications have serious potential risks, including misuse, abuse, addiction, and overdose. For example, according to the most recent data available from the National Drug Intelligence Center and US Department of Justice, deaths caused by unintentional overdose involving prescription opioids increased 114% between 2001 (3,994 cases) and 2005 (8,541 cases).” (<i>Id.</i> at 2.)</p> <p>“The goals of this REMS . . . are to mitigate the risk of misuse, abuse, addiction, overdose, and serious complications[.]” (<i>Id.</i> at 7.)</p>
<i>Pain Matters</i> (2014-2015) (speakers included Dr. Charles Argoff, Dr.	No (2014-2015)	No	N/A	No	No	“Unfortunately, with the expanding use of opioid analgesics, an epidemic of prescription opioid abuse has resulted. One of the challenges for those of us who treat pain patients has been how to

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Michael Brennan, and Dr. Jeff Gudin)						<p>utilize these important analgesics safely and effectively . . . A multifaceted approach is needed to make sure that pain management is adequately provided to patients who need it, while a we also deal with the issues such as abuse, misuse, and diversion of these substances.” (Opp. Ex. 109 at 4–5.)</p> <p>“And any time we treat pain patients, we as clinicians recognize the balance in our treatments. So we have to provide patients with adequate analgesia, but minimize the adverse events associated with those medications . . . [including] the adverse effects of opioid abuse, misuse, and/or diversion.” (<i>Id.</i> at 5.)</p> <p>“Unfortunately, the greater volume of opioid analgesics has also resulted in issues related to misuse, abuse, and diversion of these important analgesics.” (<i>Id.</i> at 6.)</p> <p>“Beyond increased misuse and diversion, there has also been increase in deaths due to drug overdose. As you can see in this chart, prescription opioids outrank both heroin and cocaine combined as a cause of drug overdose deaths here in the United States. Looking at the slope of these curves, you see that drug overdose deaths due to prescription opioid use has outpaced heroin and cocaine over the last 10 years or so, highlighting the need to develop strategies to prevent prescription opioid misuse and opioid.” (<i>Id.</i>)</p>

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						<p>“[Clinicians must] educate and reinforce to [their] patients how to use their medication appropriately.” (<i>Id.</i> at 7.)</p> <p>“Keep in mind, even though we [as clinicians] might consider any of our patients to be low risk for opioid abuse, no patient has zero risk.” (<i>Id.</i> at 11–12.)</p> <p>“So opioids should be locked or hidden to avoid access by family or friends and of course our patients need to know never to share their opioids with others because again, a single dose can be regrettably but realistically catastrophic with respect to adverse outcomes, including death.” (<i>Id.</i> at 12.)</p>